

MHS Transfer Request Form

- Allenmore Hospital
 Auburn Medical Center
 Good Samaritan Hospital
 Mary Bridge Children's Hospital (Peds)
 Tacoma General Hospital
 (please check requested hospital)

Please FAX to 253.792.6764 to initiate transfer

<i>Provider complete section 1:</i>	
Sending facility / return phone number:	MD involved in patient care:
Time patient arrived at your facility: AM / PM	Code status:
Diagnosis:	Speciality needed: _____ Prior contact made: Y or N Who: _____
Reason for Transfer (mark one): <input type="checkbox"/> Higher Level of Care <input type="checkbox"/> Specialty Services <input type="checkbox"/> Other: _____	
Level of Care (mark one): <input type="checkbox"/> Medical / Surgical <input type="checkbox"/> Tele <input type="checkbox"/> Cardiac Care <input type="checkbox"/> Progressive Care <input type="checkbox"/> ICU	
Mode of Transport: <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> POV <input type="checkbox"/> AIR <input type="checkbox"/> MB Transport Team	
<i>Nurse to complete section 2:</i>	
Presenting Vital Signs:	Group Health: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, authorized to admit to MHS
Time: T: P: R: B/P: O ₂ sat:	
Current Vital Signs:	
Time: T: P: R: B/P: O ₂ sat:	
Medications given in department / clinic	
Medication	rate / titrate/non-titrate
Licensed Person's Signature: _____	
Special Needs:	ETA of Transport:
Bariatric: Y / N Dialysis: Y / N	Room Number / Hospital:
Restraints: Y / N Isolation: Y / N	Number to Call Report:
Respiratory: Vent / trach / NIPPV	

Patient Identification - Always Attach Patient Label

Name:

MRN#:

CSN#:

Age/Sex:

PATIENT TRANSFER REQUEST

